

Travails of an Insider

An Inside View on the Social Place of Mental Wellbeing

By

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A thesis submitted to the Department of Anthropology in partial fulfillment of the requirements for the degree with honors of
Bachelor of Arts in Social Science

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Declaration

It is hereby declared that

1. The thesis submitted is my own original work while completing degree at Brac University.
2. The thesis does not contain material previously published or written by a third party, except where this is appropriately cited through full and accurate referencing.
3. The thesis does not contain material which has been accepted, or submitted, for any other degree or diploma at a university or other institution.
4. I have acknowledged all main sources of help.

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Ethics Statement

The ethical guidelines of Research Methodology, as recommended, were maintained during the course of this inductive and investigative paper, with core emphasis given to the following:

1. No leading questions were asked.
2. The identities of those interviewed in this piece, shall remain undisclosed with due respect to privacy.
3. Any quotations used in this paper are with the approval of the quoted, with the exception of quotes from secondary data: references of which have been cited at all instances.
4. Ambiguous data and observations were clarified in order to avoid misinterpretation.
5. Observations pertaining to those who were unable to communicate coherently were recorded but do not appear in this paper.
6. Visuals recorded inside the premises, as presented during the formative stage of this paper, are not included for the same reasons as stated above.
7. Subjective and personal opinions, reflections and observations are however included at times in this auto-ethnographic piece to portray my take on the matter, indicated at all instances.
8. Information disclosed in confidence during conversation is not included in this paper.
9. The rapport and trust built among the sample set shall not be misused at any instance.
10. The thorough analysis of the qualitative data shall be from an objective perspective.
11. The primary data shall, in no instance, be twisted, abused or misused out of context.
12. Additional ethical regulations pertaining to the “Fly on the Wall” research method were adhered to and strictly maintained, to the best of my abilities at the time of fieldwork.

Abstract

Psychiatric illnesses are certainly no elusive phenomena, though continuing to be a seldom conversed taboo. Societal neglect does not make it simple to treat patients and it need not be mentioned that it is diametrically opposed to deal with physical illnesses, two sides of the same coin, nonetheless, though not to ignore or underestimate the significance of either of the aforementioned as overall general wellbeing principally encompasses the sound and competent nature of all facets of hominid existence.

The arguably ambitious objective of this auto-ethnographic piece is to chart: **The Psychosomatic Treatment Scenario in Dhaka via the Emic Anthropological Lens**, to ignite collective social awareness on the matter by presenting a symptomatic overview of the treatment process and what to anticipate if ever one fails to align with social expectations to possibly create scope for optimism on the issue: thus paving a way to de-stigmatize and foster provision for those requiring it.

This paper may also indicate the track that should not be taken if one is to prevent having to go through corrective measures, which are quite difficult, to say the least.

Keywords: Mental Health; Healthcare; Social Expectations; Individual Impulses; Ego; Egotistic Relativism; IQ; EQ; Musical Healing;

Dedicated to

Ammu & Abbu: who never gave up on me

and

In memory of Sir Fazle Hasan Abed, KCMG (1936-2019)

Acknowledgement

This is to express my sincerest gratitude towards my supervisor: Dr. Samia Huq, for guiding me from day one to the point of completion of this paper. I truly appreciate that she humored my initial notions and concepts no matter how farfetched. To say that her unfaltering encouragement is more than I could ask for is certainly an understatement. She provided her visionary direction, insight and guidelines towards the completion of this senior project and with it: the achievement of my undergraduate degree in the discipline of Anthropology. I highly appreciate how she helped me meticulously filter through the primary data and retain my self-confidence. This modest study on the delicate subject matter of mental-wellbeing in such a conscientiously precise way, found fruition owing to the magnificence of her counsel.

I would also like to extend my deepest gratitude towards the Thesis Committee as well as the administrative, teaching, staff and student-body members of the E.S.S. and Anthropology Department of BRACU, whose encouragement and backing I cannot refute in any condition.

I am also grateful to the doctors and medical personnel who alleviated my condition to the current stability and also for providing an extraordinary opportunity that was given to me to explore this thematic premise first-hand and thus coming to a point of resolve, to be able to eloquently articulate on it. Last but not the least, special thanks to my family, friends, band-mates and well-wishers alike, to whom I owe gratitude, you mean the world to me.

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List of Acronyms

WHO	World Health Organization
UN	United Nations
MDG	Millennium Development Goals
SDG	Sustainable Development Goals
OCD	Obsessive Compulsive Disorder
GSD	Grandiose Schizophrenic Delusion
PSD	Paranoid Schizophrenic Delusion
ASD	Auditory Schizophrenic Delusion
BD	Bipolar Disorder
BPD	Borderline Personality Disorder
PTSD	Post-Traumatic Stress Disorder
NA	Narcotics Abuse
AM	Anger Management
CD	Chronic Depression
AP	Acute Psychosis
ER	Egotistic Relativism
N/A	Not Applicable
MT	Music Therapy
IE	In Essence

Glossary

Egotistic Relativism: The idea or conditional certainty of self-supremacy which stems from the ego itself.

Mental Wellbeing The sound nature of the psychological paradigm of being.

Habitus a) Prescribed: Sets of predisposed habitual impulses.

[Bourdieu, P.]

b) Ascribed: Modified habitus via external stimuli.

Chapter 1

Introduction

According to research conducted by Callan¹ (2012), the medical sector of Bangladesh is said to be a pluralistic one and limited to the discourse of western bio-medicinal advancements, the local replication, re-composition and reformulation of the chemical components of tried and tested remedies for maladies of all sorts being a key characteristic of the treatment technique of diseases. The Pharmaceutical Industry in Bangladesh is a highly competitive sector and is known for the various categories of manufacture and dispensation of medication as well as innovative research and development: from vaccines and cures to potions and remedies.

On the other hand, health practitioners, physicians and counselors advise that environmental factors and variables such as molecular content, constancy and chemical integrity of pharmaceuticals should also be taken into account and not only the instantaneous bodily reaction to medicinal components but also the latent or persistent effectiveness or even lack thereof in the aftermath of intake and any side effects that may pertain to it, giving crucial emphasis on medical mishaps of bygone years as an exemplified affect to ponder upon before pacing any further.

WHO² outlines the subject of health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” Mental health is thus therefore a fundamental part of health and is essential to a human beings individual and collective ability to think, emote, interact and be a productive and capable social unit. The statistics from the WHO further states that more than 100 million people suffer from mental health disorders in the Western Pacific Region.

Substance abuse refers to the harmful or hazardous use of psychoactive contraband, sometimes even resulting in overdose complications. Policies which influence the levels and patterns of substance abuse and related harm can significantly reduce attributed public health problems, and interventions at that level of the health care system can work towards restoration of health in affected individuals.”

This confers that both mind and body, essentially: the spirit and its vessel should be calibrated and tuned in order to be deemed fit. To put things in perspective on a macro level for referential context: The Discourse of Modernity, in terms of Hegel and Habermas³, pertains that there must be a Universal binary existence of a Thesis and a complementary yet inverse Antithesis, or as in The Marxist Dichotomy of Modern Social Polarization⁴: there must exist two segregated and mutually exclusive strata, either in tension or harmony upon interaction, if and when they do, i.e. one ceases to exist without the other and vice versa, at least in an utopian setting of ideal conditions in nature, given ceteris paribus. To quote Foucault⁵

“Discourses are more than ways of thinking and producing meaning.

They constitute the 'nature' of the body, unconscious and conscious mind and emotional life...”

To venture outside of the domain of The Discipline of Anthropological Thought for some additional perspective: This is not dissimilar to the Chinese philosophical concept of Yin and Yang, of course, where the core essence is the cosmic duality of “Good and Bad”, where there lies a hint of good in the bad and vice versa, existing nevertheless. The idea of Matter and Anti-matter, taken forward by Dirac, drawing from the Physical discourses of Einstein, is no dissimilar, where equilibrium is the key.

Moving back to the point of focus, the Post-Modernist Discourse of Hegel⁷ carries forward from there, however, stating and acknowledging the existence of the aforementioned dichotomy reacting thus resulting into harmonious Synthesis which is the result of conflict and congruence over time and ideally evolving out the vices and other elements of unsolicited nature of the previous states and moving presumptuously towards said utopia, as aforementioned, if indeed at all possible, that is.

The varying perspectives of each of these schools of thought, their discourse bases and discipline are quite mind-boggling, indeed. This, however, is not to say that the musings of the subconscious mind, morphed or otherwise by various external environmental stimulation and even in a state of depravation, does not reflect and be visibly portrayed in the conscious conscience and by extrapolation, that of free will and action, or any hallucinations or delusional illusions of it, if indeed at all.

Nonetheless, the perceived reality of being is not merely a smoke and mirrors mechanism, if it is as all too real as the borders and boundaries of perception and adding to that the limit and capacity of the mind's eye through building up of ideals of morals and values over time, as fine a line as it may be anyway.

On the basis of prior misdiagnoses, which directed to a barrage of self-administered experimentation supplementing preceding prescriptions which steered towards the requirement of medical attention, and subsequent diagnosis, treatment and cure, my observations shall be put forth in an objective, ethical and unbiased manner: drawing from the experience of social seclusion for correction and fellow patients I had encountered and documented during said phase.

Additionally, the process of articulation on this topic, I believe, shall help me find my place and purpose of existence and derive from it a sense of closure regarding the human

condition, that had ushered in an existential paranoia and thus bring about a sense of clarity, demonstrating how the treatment alleviated my condition, if it may be of use as encouragement that there is cure for all and not to mention ones who seek seemingly blissful inebriation or “*Piniqué*” (a local colloquial term coined by narcotics abusers, etymology unknown). Even though there were contradicting perspectives among narc-patients of similar “*preference of poison*”, one in attendance described this term of being under the influence and why they did it as:

“...a pleasing and incomparable state of mind

where the sky is just the starting point and not

the maximum frontier...

...it helps drown the sorrows and numbs the pain...” -Anon

The role of Music Therapy as a restorative mechanism shall also be stated, heading towards a harmonious stability between social expectations and individual impulses of the ascribed habitus.

Chapter 2

Methodology

2.1 Criteria of Consideration & Literature Review

The causes and effects of mental health conditions differ from patient to patient and the challenging part is the identification: hence this paper shall refrain from elaborating further on the medical aspect of concerns and concentrate more on the qualitative analysis of the lived experiences of the sample set, consisting of male patients as the ward accommodation facilitated separate lodging for men and women.

The literature review for this paper comprises of groundbreaking eminent work on this subject including those of N.S, Hughes, A. Callan, M. Foucault, et.al; cited at all instances of reference in-text or in the list of references. The basic framework of which was applied to the research, based on meticulous study of the inside experience via primary data obtained during the course of fieldwork.

What sets this paper apart, however, is the fact that most of the previously published discourse generated on this concern was from an etic perspective rather than an emic inductive process, **the null hypothesis being that remedy is possible, the alternate being the contrary.**

The mode of research was “Fly on the Wall” qualitative observation of verbal and behavioral narratives including but not limited to the reaction of patients to certain triggers and incidences. There were no modes of communication with the outside world apart from family visits and occasional allowance to call home. Initially difficult to adjust to the primary shock of seclusion, yet over time the disciplined lifestyle becomes embedded as the medicine kicks in and camaraderie of like-minded patients take form. A time of my life I could never erase from my memory by any means, though building up to where I am now and how I can

potentially serve the progression and calibration of the treatment process upon accumulating appropriate and accurate knowledge on the medical matters of affairs. From experience of this issue of great meaning to my part, it was noted that a customized program for each patient is more effective than a one-pill-cure-all convention.

2.2 Data Collection on the Inside

How I ended up there in the first place is a good starter for this section. The paradox point was that I had initially embarked to achieve an understanding of why individuals require reformative medical mental-health care agencies, including myself. While there persists examples of success stories, the presence of the vice-versa are also no rarity. If the correction system had worked for me, I would have nothing to critique, if it didn't, however, I would be in no position to criticize anything, let alone the on-goings of the public mental-health wellbeing suite, which is certainly not a casual matter of concern in any way.

At that point, I had weaned off of my initially prescribed, mood-stabilizing and anti-depressant medication as well as my habit of smoking, having built a tolerance level where even a lot was not enough, to find out if it is possible to do without it, though at certain situations when the medicine was inaccessible: subtle yet existing differences were noted, curious if there are any noticeable withdrawals or side-effects due to cravings arising from dependency of the medicine not met in the long run or if I was just not capable to notice the changes in myself owing to the subjective nature of self-awareness and the ego.

Of course, human-testing is not permissible or ethical in most fields of study including social experiments. Therefore, I had to apply and test my theories on myself, in a self-righteous daze, with sole intention of reporting successes to be recommended to some of my close ones who struggle with similar conditions: if the null-hypotheses were ultimately

verified, that is. This led to conditions of insomnia, dementia, paranoid delirium; even occasionally passing out at certain points after days when the body could take no more strain, often finding it difficult to remain calm, to say the least, seeking medical attention for the anomalies.

Being surrounded by orderlies who tackled me down as if it was a “*Hadudu*” match and I was in possession, I realized the fact of being out-numbered, and no-one coming forward to lend a hand, apart from one person who intervened the ruckus, suggesting that I calmly comply with the instructions of the facility as non-compliance could have backfired into unnecessary sedation.. They had confiscated my effects and I simply asked them to show me my bunk. The moral of which being: it is never a good idea to stray from the doctors’ prescription.

Apart from the panoptic surveillance system in the halls, there was initially no way for me to keep track of anything on a personal level. A veteran patient was the only one with access to a pen. I requested to borrow it several times to write letters though he refused to lend it to me. Upon further requests by a group of us who wanted to play cards and keep score, the gentleman said that he’s had enough. He explained that the reason he wouldn’t lend it to anyone was that the pen may be used as a shank and so was stationary in his position, to which I responded saying that the shanking was much less a peril than if we were to use it to write and communicate beyond the clinic premises. Mystified by this opinion, he then lent us the pen and even helped me out in getting a pen and notebook of my own among my daily rations.

The conditions of some inmates, however, were not as predictable as a few among us, some who would burst into fits of unruly rage, some who were unable to even communicate clearly, some who were near the end of their treatment and in good condition, some who

didn't utter a single word at all, some who were admitted after I was, some who were discharged, having found resolution.

Owing to this conundrum I had to keep the pen with me at all times. I would even hide my notebook in a way that nobody could access it and in the off chance that anyone did, however, I would know as no one would be privy to its exact and specific locus unless, of course, it was viewed by the surveillance system. I was keeping track of some of the patients as well as their visitors and the staff in order to understand the remedial process better, while undergoing the same process myself. This was based on a study of spontaneous reactions and interactions within the ward premises. Apart from that, the journal contained drawings and sketches from when nicotine cravings would arise and my rationed smokes ran low.

A while after my condition had more or less stabilized; I found that my notebook had been breached. I had no idea who or why or how much of what was read or seen. At that point, I kept it in the same place anyway so I could find out what was going on, with peculiarly specific information that would trigger anyone who read it. During the next guardian visit, I gave it to my parents, including heartfelt letters to them, which helped me cope with everything that had been going on since my tenure. Guardian visits were weeks apart and I realized then how much I do cherish their presence.

I hadn't the slightest clue about how the cohorts or the doctors and staff, whoever had read my journal, would actually react to my notes and observations, which were arguably quite easy to misinterpret and misunderstand, an inter-dimensional Rorschach, in essence, to form an understanding of the various causes and effects which require treatment, nor did I have the guts to find out. Life on the inside can certainly be puzzling if not perplexing.

It was at that point that I shifted to abstract art, caricatures and even portraits, instead of a word-based journal. As the saying goes, a “picture speaks a thousand words”. Deciphering the phantasmagorias would require close study of the strokes, encompassing distinctive signature panache, though a keen eye for detail may decipher the drawings. With no reason to hide anything, I could then keep the journal anywhere in the ward without having to fear reactionary persecution from the documented patients. At times, some of the patients would ask for a portrait that they could retain, I drew simple portraits and the compliments made me feel better about myself, as opposed to instances outside the premises where no matter how hard I tried, very few would honestly appreciate my work, which is not much to ask, in my humble opinion.

I recall that unappreciated efforts to comfort others from what I assumed to be the causes for my own lamentations, towards the creation of “an apple a day” placebo effect, which is an intrinsic core of the then social misalignment. Laughter is the best medicine, or so the saying goes. Foucault’s¹¹ disappearing body theory states that a “body that does not generate discourse does not exist.” It was never enough for me to be just another pawn on the board, though standing out in a crowd has as many pros as it has cons.

Chapter 3

Social Expectations v/s Individual Impulses

3.1 Premise

A holistic approach to health and the human condition complies with Millennium Development Goals 6 and 8 as well as Sustainable Development Goals 3, 10 and 17, as agreed upon by The United Nations^{8,9}. Unfortunately enough, as simple as it is to measure a fever with a thermometer or identify the presence of pathogens or contraband in the body through scientific examination and pathological investigation of bodily samples taken from patients, mental health issues are not always as evident as a dripping nose or a Jaundiced complexion, as of yet, sparing some subtle yet noticeable indicators appearing mostly in later stages like physical scars left from self-harm or shifts in behavioral patterns and similar such noticeable changes in predispositions that impact the immediate environment of the patient, especially unappreciable action/s like incoherence in communication and blatant disregard of convention and norms towards or involving family, friends, guardians or caregivers: essentially any member of society whose daily function is hampered by non-conformists, i.e. not serving towards the structural and organic functionality of the prescribed code of conduct of the milieu that is the limit of an individual's domain and range. The treatment of contraband abuse patients fall under the same category of treatment module as addiction or physical dependence on substances is a malaise not only of the body but a foundation of that of the mind, though physical indications are more prevalent in such cases.

Searching for oneself often proves to be a daunting task, especially when on the run from the demons of one's own mind and device. The fear of mortality manifested into sequences of paranoia and delusion. To draw forward from the Foucauldian Framework such as in "Birth of a Clinic" and "Madness and Civilization" (circa-1950's/60-s), the modes of

identification were mentioned previously in this piece. Classification process of patients occurs upon social intervention at which point doctors perform a series of tests, including a thorough pathological and psychological analysis upon which prescription and treatment is based.

The psychologist or psychiatrist, depending on the assessment of the results of the aforementioned testing, can then recommend to the guardians of the ward the course of treatment. This process is in no way simple in any part or for any parties involved. Segregation from the society and Correction may be prescribed for cases including but not limited to: OCD, Schizophrenia, Bipolarity, BPD, Anger Management Issues, Narcotic Abuse, PTSD, AD, CP and other latent or otherwise cerebral disorders. Though not primarily being terminal in nature, the causes and cures of these ailments may be elucidated by certified medical professionals of this field.

The modes of utilitative and effective reintegration to explore the interdependence between Mind, Body and Soul in terms of The Qualitative Sacred Divinity v/s The Quantitative Profane Axiom, is not impossible but not very simple either. Living in the ward also takes a toll on the psyche, not dissimilar to the ones that bring people there in the first place. Patience is a virtue, indeed, yet it is highly tested when having to deal with life after resolution, making reintegration all the more difficult, which is why it should be taken one step at a time until the patience, priority and sense of harmony, a sense of self awareness is completely restored.

Issues of the mind, such as these may happen to the best of us, hence the saying "Prevention is better than cure". I may or may not be the best representative of any of this, it is quite farfetched and bordering on pseudo-philosophical condescendence, if that is even a thing, yes, yet I do believe that my perspective, recollections and reflections, which may arguably be neither pioneering nor the benchmark for the pursuit of the Avant-Garde, for

which I strive, will find purpose in emotional support and wellbeing for more like me who have had gone astray, to find their way back on track and possibly be an example for many to never tread down a path of such darkness and even if they do, maybe some part of my experience and resolve can pave a way out or altogether avoid the cited causes, from instances like mental breakdowns or relapse, if not then at least for myself. Going back to a chapter of my life left behind, a chapter that served as fodder for the flames of my essence, buried deep inside my psych, a coping mechanism in a search for my own self, and perhaps abolish the otherization of the so called “*Pagol*” Commune, or any such terms of negative social connotation that is associated with it, often hindered in public settings as a source of great misery, though never to generalize or trivialize the dilemmas of existence, even in dark humor. Social acceptance or lack thereof is also a matter of concern, nonetheless, I can confidently say that the story of my recovery is one worth noting, one learnt from inquisitive experimentation of what happens and one where the bindings of human emotion and the impulsive nature of the ego rises above its restraints and resolves towards an epiphany in the form of a reality check.

3.2 What are the Expectations?

Social expectation in most South-East Asian cultures is therefore not to be generalized in this piece, as that would be an ethnocentric assumption. On the contrary, I may, however take you through my own experience and how such health issues manifested for me.

Each person deals with their own sets of difficulties, of course, and just because some of us are more or less consecrated in the eyes of society as a whole, this does not mean that the troubles and woes of any individual can be undermined. It is however not to say that ideas may be misinterpreted but rather divergent from what is conferred as opposed to what is

inferred, a communicative gap of sorts. It is however well understood that the lived experiences are indeed intangible from person to person and even harder to reminisce, as opposed to that which is conflicting, though it is true that it takes one to know one.

There is a saying that stratifies human beings by their achievements which states that one may be a “Doctor, Engineer, Lawyer or Loser”, which is, to face the facts, quite amusing because of how this notion is socially perpetuated, with all due respective seriousness. There is, nonetheless, a slice of truth in all forms of social stereotyping and profiling, regardless of how it may be extrapolated and assumed by its adherents, if not in the entirety of matters at all, even though exceptions may not obligate as indiscriminate examples or generalization, regardless to subscriptions and portrayals of inverted ideological frameworks or unrealistic expectations from the society within which an individual does belong and coincidentally the construction and continuation of it within the causative notions and constituents of the environment and habitat. The evolution trajectory of the prescribed habitus, upon morphing into one that is ascribed, results from not only the ecological and environmental physiognomies but moreover: the discourses and imposed idiosyncrasies and into complexes and complications of the thought process itself irrespective of whether or not there is an intersection of ideological nuances. This is, however, not to say that the morals and principals encompassed by an individual or ones extended social clusters may in fact, be stratified or condescended upon, therefore and thereby being courteous towards the organic social equilibrium. The line is drawn at any point where social intervention need be, when the individual fails to comply within the authorized norms.

Therefore, it is safe to say that quantitative social achievements, e.g. academic results, competitive awards, followers on social media, etc.; seem to override any qualitative and thus uncountable totems of symbolic and otherwise intrinsic value that, on a personal degree, may be a lot more precious, e.g. a compliment on a new haircut, gratification for a job well done

or the applause of a sold-out audience, the decibels of which have long been dampened and disintegrated within the sands of time. This sort of a latent social “Rating System” that cannot help but encompass subjectivism due to the same erratic nature of interwoven and interdependent social perpetuations and accepted norms, be it through peer pressure or autonomous audacity, can in no way be critiqued and in case it is, one gets the rare opportunity to see for themselves what this auto-ethnographic thesis paper is speaking of.

3.3 A Take on the Expectations and Egotistic Relativism

The aforementioned presumption or rather opinion is based on how it was socially embedded in me at various points in life. Fair warning: this section gets a little personal; I recall being commended for certain things like academic prowess, distinctive scholarly achievements and commendable behavior in inter-disciplinary arenas, both curricular and co-curricular. This, I felt, had always set me apart or at least in the books of the commenters, who comprised not only of my close ones but also those I met while touring with the underground bands and music ensembles I was a part of over the last 15 years as a session bassist and composer.

On one hand, I was encouraged to come first in class but on the other, whenever I didn't, was compared with the student who did and was scolded or even taunted by my family members. Distinguished achievements like getting special recognition at the school science fair above and beyond the usual norm of gold, silver and bronze medals or even notable mention in the chairperson's closing remarks at school reunions among all the performances, which is really saying something since I am an alumni of the school where

bands like *Cryptic Fate*, *Adamant*, *Bus Ride*, *Divine Sanity*, *Openfly*, *Crash Course*, *Sweep Cross*, *YBM*, *Fake Plastic Superheroes* originated. I was fortunate enough to share the stage with some of the aforementioned and was at a point inspired to form the Rock/Progressive band *Heal* (formerly known as *The Worshippers of False Eye-Balls*), to take part in a nationwide Battle of the Bands, from which point I pursued my calling and my incredible journey with music began.

The immensely positive reactions to our music from audiences over time, even if I do say so myself, was quite a fuel to my ego and hence I constantly strived to replicate those things in continuum and come up with unique techniques of playing my instrument, leading me to the invention of new instruments and learning the art of sound and soundscape design first-hand, which is quite the privilege and blessing beyond my wildest dreams at that point. Not to mention the incomparable acceptance and encouragement I received during the pursuit of my undergraduate degree both in the classroom as well as the co-curricular student body platforms therein including the Cultural Club from which the award winning avant-garde classical fusion super-group “*Sunakhtra*” was formed, of which I have had the esteemed privilege of being a member of, I had no formal training in Eastern Classical music prior to that and it was quite the challenge to replicate the signature sound of the revered occidental discipline on the bass; and of course the “*Bangla Gaan-er Bhabna o Pothchola*” forum which comprised of the who’s who from the club at the time which led me forward on a journey with the all-time greats of the Mainstream Music Industry in Bangladesh, I was a huge fan of these artists and never did I envision that I would even get a chance to meet them, let alone learn and perform together with my inspirations, or even be revered as one by some.

I was then confident enough to follow through with my more ambitious aspirations, though not to forget that overconfidence is never a good idea. The University was the site of origin of some of the leading and rising solo artists of today like Miftah Zaman, Adnan Ashif

and bands like: *For Those About To Rock*, *Old Brigade*, *The Aloonies*, *Trainwreck* and *Conclusion* and it was there that I had the honor to be in the presence of some of these astonishing artists. I am thankful to have had such an overall and truly holistic learning experience: a grand privilege in my opinion, which is surely something. The artists that find themselves in my list of inspirations have been playing the music longer than I have even had a chance to breathe.

It is the music that is a source of relief for me, helping me go into spiritual trance-like states of mind; music never deserted me and never cared if I got an F in my exam, never walked away due to limitations in me. Though I must admit, this sonorous expedition served as quite the preparation, an example of the aforementioned dichotomized dilemma of quality over quantity. Why, when I was doing the fieldwork for this paper, I even traded my daily ration of cigarettes, a very addictive vice, at one point for access to a guitar and harmonium. Prior to that, I could only play percussions on the tables.

In contrast, this need for constant gratification and validation emerged from certain points of contexts in which even close and dear ones would criticize my decorum and reject my recommendations while accepting the exact same ideas I discussed with them when suggested by others, who went on to "...excel in life". My family initially never seemed to encourage my constant efforts to better myself though they don't miss a single opportunity to point out how some of my friends including my former peers and even academic juniors have moved forward in life. Even though this form of negative reinforcement pushed me even harder to test the bindings of my self-worth, which due to the ego, rested in the compliments and gratifications of others, the appraisal of it remained unaffected in the opinions of the rare and few who really matter to me. Ironically enough, without the patronage of my parents, I could have never been able to embark on my voyage in the first place, my first bass guitar was gifted to me by my father, we went everywhere in search for it, my mother is my biggest

fan, sharing everything I ever released on her social media account. That is indeed more than I could ever ask for. I must acknowledge the struggle they went through to provide for my siblings and me, prioritizing our happiness before that of their own. Yet a deep rooted melancholy was always there, quite frustrating on my part and being held back at times did not really add to the accumulation of an EQ on my part but rather focusing on an implausible dash towards rewarding ego-boosts, leaving a lot to be achieved in that respect, as an essential life-lesson, realized subsequent to proper counseling and medication. There is no word in any language that I know of which can express my gratitude towards them without underrating it.

Ideological differences may often arise in contexts where contradicting conceptual notions persist within the bindings of individual as well as external nuances and norms. This brings me to a macro- adaptation of the Boasian idea of Cultural Relativism entitled “Egotistic Relativism”. The trait of being self-centered finds its place in this paper as that was one of the foundational and fundamental causes of the then existential anxiety. The dread of what comes afterwards is echoed in the shade of the quest of divinity and rehearsed spontaneity in everyday lived experiences of the fleeting nature of phases itself. Brief hiatuses of reasoning brought forward by everyday profanity contradict not only individual impulsive behavior traits but the desires of the subconscious presence itself. The discipline vis-à-vis habitual individualities are where the self perceives the magnificence of the unchanged individual impression of righteousness. The constant barrage of commendations and tributes hints one to believe in the supremacy of the self over others, whereas this is quite a contradiction to the aforementioned epiphany, bordering on a fine line between hypocrisy and reality. Ushering in a point of arrogance where redemptive individual agencies exceeding normative notion resulting in the delusional dilemma where, if I can speak for myself for even a moment, the ego claims that ones’ own self is more or is in fact better than the

environmental mediators of intervention and even those who treat disorders of this kind. Paradoxically still, even that impression hints that the interveners are better and ironically enough, it would seem that that comes from the same form of egotism that was mentioned in the previous introduction to the idea of it. Now to take this opinion of mine to an unfathomable level, risky or not, this entire paragraph of this thesis is a product of this so-called egotistic relativism theory that was so arguably and arrogantly presented, why even this line.

The optimism here, though, is that by identifying and realizing that this notion of the ego of the being as a disputable subject of concern, this entire dilemma is therefore, resolved, if not then at least the first step towards it: Breaking through the denial and accepting that it is what it is. Any decent 12-step program starts with this.

Chapter 4

Travails on the inside

4.1 Overview

The rabbit hole of mental health is a slippery slope and arguably not necessarily the same universal conditions applicable to all, rather varying in different ailments. In order to truly understand individual conditions, it is important to take into account the specific pasts of each patient and uncover that which led them to such a state of mind. A slight revision on some ideas previously introduced in this paper: Social alignment refers to an individual's capacity to be a productive citizen of the society they belong to and the capability to apply their selves towards the greater good of the same. The uprising phenomenon of globalization, brought upon by constant technological advancements, entail that each community member and their collective organic interaction towards production of value which adds to the ever evolving nature of the intercultural realm, arising from a nascent neo-liberalist stream of thought.

At certain instances in life, compliance with recommended norms tend to become a challenge to some and that substantiates to be quite a hurdle, often leading to complications of the psyche. It is a given that the trajectory of each person's life may differ, though the normative cultural expectations set by social survivals of previous generations tend to be enforced upon those who seek to go against the mainstream ideology of social expectations. This misalignment or rather lack of alignment, to be more precise, embeds and manifests into the cause of mental health issues including depression, anxiety, etc. The search for solace stems from the aforementioned criteria and devises an introspective illusionary comfort, at times becoming the source cause for the need for intervention and cure via medical attention to the matter.

I was driven to the institution one day by my folks, I told them I wasn't feeling too good and I supposed it was due to quitting the medicine I was taking. I sought a family-counseling session for this issue and ended up having to stay back for a while. After the initial hustle, I got acquainted with the other patients and staff and was given a tour of the ward. I had a hunch that my stay was not going to be brief. On the first night, the more stable patients came to my bunk and we were getting to know each other, we were, after all, going to be there for a bit.

Upon introducing myself, I found some people with whom my interests and hobbies intersect. The staff members, while orienting me to the new environment, instructed me to remain calm and avoid altercations. Therefore, I always made a point to keep clear from any intense incidences and made sure to be within the range of surveillance or staff for the sake of security.

The discipline of the institute made sure we would wake up early in the morning and gather together to sing the national anthem and have breakfast. The daily activities, meals and follow ups were quite scrupulous. We would not have much to do apart from the scheduled activities and I completely missed the nightlife, apart from one instance of ruckus in the late hours, as the medicine would make me feel drowsy after dinner by 9:00pm. The curing methods are beyond the scope of this thesis and even own my personal understanding. The important lesson I took away from the stay was to make sure to abide and comply with the doctors' orders and be sure to take the medicine on time.

Initially I did not have access to any music instruments and was limited to banging basic beats on the table while we would sing altogether to lift our spirits. Besides this, the means of passing time was limited to sleeping, carom, chess, cards, Uno, reading books and newspapers and occasionally watching movies. I kept to myself for the most part though

sometimes conversing with the patients one on one or even at times in groups to boost the morale between us.

At one point I asked for the harmonium and was denied until one night when I insisted for access to the instrument. I simply said I would give up my rationed smokes, keep in mind that I was quite dependant on it at the time, just so I could play the harmonium for even one day of the week. The staff was either shocked or impressed by this and sure enough, I got allotment to play the harmonium while my fellows played the beat and sang along. This inspired the rest of the fellows to ask their family during visits to get their guitars and flutes. Soon enough, we had an acoustic ensemble. This surprise was a source of great relief for me, though not everyone in attendance really appreciated it, we were whiling away the hours and minutes. People in attendance would often even request for their favorite songs and apart from the repertoire built among the instrumentalists; I had a chance to explore the music tastes of the patients and understand the insights of most.

There was an array of conditions inside the institute and it was quite the experience to see this world up close and though the thematic principle of this paper does not allow me to elaborate on all aspects of the experience like the specific case studies of each in attendance and the specific details of certain intriguing instances and occasions, therefore, a reflection of thought-provoking insights and interviews will be enumerated in the following section.

4.2 Reflections from the Inside and the role of Music Therapy

4.2.1 Reflections on Observations

*“...My heroes had the heart
To lose their lives out on a limb
And all I remember, is thinking
I wanna be like them
Mmhmm ever since I was little
Ever since I was little it looked like fun
And it's no coincidence I've come
And I can die when I'm done

But maybe I'm crazy
Maybe you're crazy
Maybe we're crazy
Probably ooh hmm mm”*

-Barkley, G (2006)⁶

Among the songs we sang during the time, this one old favorite was consistently requested. I had a chance to even compose and write some interesting new tunes, with some of the more musically inclined occupants. The melodies were a great way to forget that we are not free for the time-being. I also started enjoying sports that everyone was

keen to watch as a unit and rekindled my reading habit, where I would use that kind of time previously only to browse the net or read or create and practice music.

The true specialty of music therapy is the way it keeps one from doing things they shouldn't be. One and only one secret I would, however, share here is that the repetition of an exact melody on an instrument over and over again in loop until hand-eye coordination evolves into hand-ear coordination and subsequently mind-ear coalescence finally the real bliss of sonic cure is felt and explored as the instrument becomes a part of the musician, only then does the sacred space emerge.

In attendance I had met a very well-informed man, no matter what anyone was talking about, he would be able to not only converse on the matter but add his insight on it as well. He seemed to know something about everything and I that was quite impressive and fascinating. He had been there for quite a while though his condition was more or less steady.

There was also a competitive nature among the ones who played carom. They would put to wager the cigarettes, which were apparently among the most valued of possessions inside due to rarity and no way to restock at any time. The intriguing bit or was that the best carom master in the ward would be playing the game all day with the wager on. He didn't have allotted provision for tobacco and he never lost a single match with anybody. At a point he had in his possession more smokes than any of the others were provided with all week, he didn't have enough packs to even store them. I requested a match against him and he let me, a novice, go first and said "I will now play at your skill level." He beat me anyway and I lost my post-lunch cigarette. But here is the best part: He wasn't even a smoker!

One of the patients really piqued my attention: a young man who returned to the country from The Middle East and was unable to locate his family, he got admitted to the institute by his uncle. He didn't talk much, though when he did it was in mumbles. The thing

that really struck me was that even though his condition was as such, when he would sometimes sing the only 4 songs he knew, it would be in impeccable pitch and pronunciation I was simply amazed. One day he asked for my newspaper and I observed his speech impediment. I then asked him if he could read it in the tone of newscasters and presenters. He took his time but the results were quite impressive.

Mental Health and depression is taken very lightly in society. This more often than not arises from low self-esteem and absence of gratification. Inside the institute, we were privy to seek medical counsel at any time and we would be given counsel and medication to ease ourselves. Outside, if we told anyone we were feeling down and blue, people would say "Cheer Up" as if it is that simple. It is not.

4.2.2 Reflections on Interviews

To take on the topic of narcotic abuse: much like the trajectory from gateways towards increased tolerance levels which necessitate higher doses of the preferred toxins, at times becoming the causes of petty larceny and in extreme cases of even more desperation, just to facilitate addiction.

"...back then life revolved around getting a fix, was tough to stay sober... was short of dough so sold a friends internet router to go score some dope, finished the stash in a matter of minutes, didn't even share... was worried about the next score even before the intoxication had receded..."-Anon. [paraphrased and translated]

I recall another patient in his lucid state declare during a smoke break:

“...the core of the Earth may be a blistering inferno, yet its existence is, more often than not, neglected while there is no escaping or ignoring the warmth of the Sun...” –Anon.

I noted his perspective, yet I refrained from enquiring any further so as to not instigate any angst or reservation on his part, which would have certainly compromised the research, a risk I was reluctant to take, not to mention the persistence of unpredictable behavior there, which was quite frightening at times. I made a point to steer clear from such incidences.

Among the attendants in the facility, there were a group of narc-patients who would sometimes share some frankly interesting though sometimes almost incoherent insights of their lives. Out of curiosity I sat down one evening during tea-time and asked him about the path that led him there, what happened during that time, the road to progressive redemption, what it took to recover from the plight, the despair and delusions left behind, how he surpassed those obstacles, what is this *Pinique* thing anyway? The response he provided was as follows:

“It is bliss, it is an incomparable emotion.. I can’t explain what it is exactly... the woes of life I remember not and all thanks to this bottle full of serenity... if that is indeed what it is, then what follows? Is it indeed all in our heads? Is nothing even real if it feels real? Is it not if it doesn’t? Is that floating piece of cheese in the marmalade sky really melting into the earth beneath my feet at the distant horizon while an anthropomorphic cat played the honky-tonk version of a familiar song I never heard before: pondering about who ate the rest of that Moon anyway as the grandfather clock struck 12pm, wait a minute, what is the moon doing up at 12pm? The border between imagination and reality blurs and breaks as it gets difficult to think straight, no man’s land at the cost of sanity and then some, is it not worth it? What is

in what the dealer's dealing? What makes one say that I'll have a puff of what he's toking?

From gateways to getaways and from beating around the bush to cutting to the chase, is it truly possible to outgrow natural instincts and inclinations? Is addiction a natural process?

At what point does free will cease to exist? When one is at the pinnacle of inebriation, popping one too many times, lucky to even be alive? Or is it in not knowing when the first few hits led to a plethora of contraband abuse? Or in some extreme cases, like heroin abuse a patient, when one feels like this is the first time they are indulging in an inebriant even though the addiction had already set in for weeks, owing to amnesia caused by the substance itself?" –Anon. [Paraphrased]

This led me to further question his experience with inebriants. What does it take and what does it give? Is it worth it? Is it not? Why?

"...It is not too difficult to fall into an existential crisis or addiction when there is an underlying pain overarching one's mind, add to that a barrage of chemicals and one has the formula to lose it.... many are not lucky enough to find a way out and if one does go astray in such a manner and seek refuge in further inebriation, it is likely that (social) intervention is the only path..."

I asked if he thought if the intoxication is worth it and if he could explain how he felt, he simply said:

"...it is worth it but it is also not worth it, trust me, you don't want to know... stop questioning..."

Confused by this reply, I asked the others what he meant by that. According to the cohorts, it was not uncertain if he was merely saying this to be able to get discharged early and go back to his usual life, even though, in my opinion, a lot is left out in this explanation.

I remember a young boy who had just been admitted, I could see it in his expressive decorum and outward emotions that this wasn't his first time inside the institute. He was moderately surprised that I could tell. By that time, we started to pool our cigarettes in groups, as between the five of us in the collective, we had one short of a full pack, while individually not as much. His story with mental health and addiction was one that resounded among us. We were there to support each-other in those troubling times and keep our spirits high.

There was another senior character who did not talk much though on one occasion invited me to his bunk and started a very spiritual-level conversation. He did not appreciate the music we often played and was making it clear that we ought to "*behave ourselves*". Oddly enough, the man next to him started an entire argument based on why we should be allowed to do so. It was interesting to see how two strangers started a heated argument about why I should and shouldn't do certain things while I just sat there and observed the fact that two men were fighting over me over such an issue. Both of them provided solid arguments and it was eye-opening to see how that went.

The altercation was eventually subsided by the staff. The presence of like-minded individuals made it more bearable to be secluded. Although it is still not as simple as the last line would suggest, the ward became segregated into groups based on the aforementioned cigarette-syndication, seniority and of course condition. Any time there would be altercations, I would always stay within the visual range of the CCTV cams just to make sure nobody messes with me.

Chapter 5

Reintegration

The highlight of my weeks was when my parents would show up and stay and chat for a few minutes, treat me with home-cooked meals, and listened to what I had to say to them. I owe them an apology for how I mistreated them previously and though I can write it here with this level of ease, I do not know how to say “I’m sorry.” to them face to face. I wrote letters and handed them in to them but they said they never read any of it. I really hope they read this paper sometime.

After being released, the initial process of readjustment to the world was, again, not simple, a puzzling culture shock triggered by my own culture. So much had changed and so much was forgotten. The initial ride home even made me dizzy as I hadn’t experienced the velocity of an automobile motion in quite a while.

Coming Home was a very emotional moment for me. I hadn’t seen my family in so long. We had a somber celebration where *Ammu* cooked my favorite dishes and my baby sister made a card for me. This post-hiatus reunion left me in quite an emotive state of mind. A life lesson here was that the things one has with them may cause envy to others but are taken for granted when in proximity, though I have been told this time and time again, realizing the significance of family in everyday life is more than a blessing.

I made phone calls to all my friends and they were happy regarding my return, though not many of them stuck around like they used to before. A childhood friend came to visit me but was more interested in talking with my younger brother rather than me. We used to jam together a lot back in the day; some of my first live performances were with him on the Mic.

The ties with other social acquaintances, co-working musicians and the very thought of what I was doing before, was put to the test and the accumulation of even more various

ideologies on the inside made it difficult to maintain the basic and calm nature of myself. There were things I was ashamed of doing, there were things I wish I didn't do, things I wish I could have avoided altogether. This was a point at which I lost a number of old friends but there are no regrets and I hold no grudges. Some said:

"There is just no certainty with you..."

"You hurt me most! Good bye."

"You deserved it! Why do you keep going back?!"

Though I try not to think about it, having the newfound appreciation of family, after all that has been said and done, is something I now cherish with the correct magnitude. Most of my instrument collection was still left in storage, though I was promised that I will get my gear back once this paper is completed and now, after a painstaking decade to complete my graduation, I find myself nearing the end of this dissertation.

Chapter 6

Recommendation and Conclusion

The interventions certainly helped me find the peace of mind I so craved. I am now in moderately good condition and I cannot ask for more. The coherent nature of this thesis dissertation is testament enough of that and now that I have a certain understanding of the idea of points which require intervention; I understand what to avoid and am able to prioritize better and clearly. Though there is presence of certain moments of fluctuation still persistent, the medication really helps keep myself calm.

Reflecting back on my complete discourse base prior to treatment has opened my eyes to who I really am as opposed to who I thought I was and where this is going. The essential Mohaimin, I truly feel, is the Artist. The realization or self-awareness of matters of concern is quite rare as it is usually not as easy to be subjective about oneself as much as it is to be in denial. These feelings when festering deep within may cause the aforementioned conditions, at which instance the behavioural habitus morphs into an ascribed one which is not expected or accepted in the judgmental eyes of adherents of society as a whole. No nation condones or authorizes antisocial behaviour of any sort like indulgence in contraband, rowdy behaviour or ferocious impositions and any uncouth decorum.

I do not dare to question or overstep my place and make inappropriate recommendations as it is not my place or duty to do so and even beyond my knowledge base. Though I can say that to be truly cured from despair is not an implausible concept, however, with just the right kind of medical care, including: medicinal prescription, psychosocial counselling and therapy paired with the nurturing of family & friends as well as a peer based support group and co-curricular activities with a disciplined lifestyle, decent general health may be achieved and sustained. It is not an impossibility to find meaningful optimism and

step out of a caged existence and into a productive and efficient life. It is important to keep in mind, though, that the ease of developing an affliction is inversely proportional to what it takes to be relieved from the burden of such, that too in an exponential manner.

More often than not, it is peer-pressure and the notion of dealing with one's trauma and misery that leads to the need for seeking psychiatric healthcare attention, not to forget how difficult it is to remain relaxed, although it is in the discipline within patients to refrain from the same and make conscious decisions upon discovering behaviour patterns and environmental inclinations which leads to conundrums in the first place. Early warning signs and medical attention is crucial in this regard and thus, I believe that it is advisable to make sure that the public space should be open to de-stigmatize and thus discuss what is troubling ones mind, thus bringing about the means and provisions to assist people with their issues, regardless of which aspect it may be.

This requires the patient to have an epiphany which directs to an integral paradigm shift, realizing how one does not necessitate melancholies encumbrance in order to appreciate the life led, in essence: mind over matter and appreciation of the blessings of life. Therefore, this research paper concludes that it is, in fact, possible to find solace and get over the burdens of the human condition and be a productive and efficient member of society and of course not to forget that even if one becomes misaligned: effective remedy, though a difficult process, is definitely possible. My current condition may serve as testament to that and I am proud to have become an alumnus of BRAC University.

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Notes:

